

## UNILATERAL TRUNCAL ACNE AFTER LAMINECTOMY

Dr. Puneet Agarwal<sup>1</sup>, Dr. Uma Shanker Agarwal<sup>1</sup>

<sup>1</sup>Department of Dermatology, SMS Medical College & Hospital, Jaipur, Rajasthan

**Corresponding Author:**

Dr. Uma Shanker Agarwal

Department of Dermatology, SMS Medical College & Hospital, Jaipur, Rajasthan

Email : dr.uasg@gmail.com

**Sir,**

Unilateral acne and related disorders (rosacea, seborrheic dermatitis, and demodicidosis) have been described in relation to paralyzed areas of different causes. We report a case of unilateral acne following laminectomy.

A 35-year-old male patient presented with papules and pustules predominantly located on one left half of trunk. The patient gave a history of an operation done in the neck region for cervical pain. He had undergone laminectomy for intradural extramedullary lesion in spinal canal at C7 level. Two weeks later, acne lesions appeared on left half of back. On examination there were pustular lesions present over back. The majority lesions were on the left half and a few on the other side. There were no lesions on face, chest and scalp. There was no history of any occlusive dressing in that area or any application of any medication. On further evaluation it was found that there was hypoaesthesia in the left side of back.

There have been several earlier reports of acne occurring in an unusual distribution.

'Immobility acne' occurring in the perioral region, following



**Figure 1:** Unilateral truncal acne

prolonged dental splinting after periodontal surgery<sup>[1]</sup>. Frictional acne in concert violinists<sup>[2]</sup> and in those wearing headbands.<sup>[3]</sup> The mechanism in these cases is possibly a hyperkeratinization response to local trauma or increased hydration of the pilosebaceous keratin. In cases of paralysis, including cases of Parkinson's disease and spinal cord injury, it has been suggested that an increased sebum excretion rate and the immobility of the affected area are most likely what caused the unilateral acne lesions. Seborrhoea is frequently seen in Parkinson's disease. This is associated with a raised Sebum Excretion Rate (SER) and it has been noted that following treatment with L-dopa, the SER was significantly reduced<sup>[3,4]</sup>. In a study done by Thomas et al, it was shown that the SER on the forehead is not significantly different in paraplegics and control subjects, but that the SER below the neurological lesion in paraplegic subjects is significantly greater than normal ( $P < 0.001$ )<sup>[5]</sup>. Cases with unilateral acne have also been reported earlier post facial nerve palsy.<sup>[6,7,8]</sup> Thus in this case the cause for unilateral acne lesions might be due to an increased sebum excretion post laminectomy.

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